350

Committee for Political Action (PAC) Registration Form

State of Nevada

		of this registrati	on form:
New registrati	on XX Amended re	egistration (if am	ended list reason)
X Other	<u>Change stat</u>	tus to Non-l	
645 Sa	pphire Circle		
Reno, City	Neada State	89509 Z ip	Telephone
o NRS 294A.26	0, each committee fo	or political action	
		rson who resides in t	he State of Nevada.)
560°E. P	lumb Lane		
J00. D. 1			
Reno	Nevada 8	9502	(702) 825-6066
	Nevada 8	9502 Z ip	(702) 825-6066 Telephone
	ADVOCATE ADVOCATE 645 Sap Reno, City which the politicate NRS 294A.26 a resident agent will Todd L.	ADVOCATES FOR EDUCA 645 Sapphire Circle Reno, Neada City State which the political action committee was o NRS 294A.260, each committee for a resident agent who must be a natural per Todd L. Torvinen	ADVOCATES FOR EDUCATION 645 Sapphire Circle Reno, Neada 89509 City State Zip which the political action committee was organized.) o NRS 294A.260, each committee for political action a resident agent who must be a natural person who resides in to Todd L. Torvinen

MLED

FEB 04 1998

Dean Heller Secretary of State

Prescribed by Secretary of State NRS 294A.230 EL400 (rov. 1/96)

Cheryl Detrick	645 Sapphire Circle	
Name President	Aumess .	
Title	Reno, Nevada 89509	
1 tile	City/State/Zip	
Herbert Rubenstein	4005 Odile Court	
Name	Address	
Secretary/Treasurer	Reno, Nevada 89511	
Title	City/State/Zip	
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Name	Address	
Title	Clty/State/Zip	
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Name	Address	
Title	City/State/Zip	
Name	Address	
Title FILIATION: (If the committee for polincal ac	City/State/Zip ction is affiliated with any other organizations, list the name and addr	
1	City/State/Zip	
FILIATION: (If the committee for political acof each organization.)	City/State/Zip	
FILIATION: (If the committee for polincal ac of each organization.) Name of Organization: bmitted By:	City/State/Zip ction is affiliated with any other organizations, list the name and addr Address: 1-30-98	
FILIATION: (If the committee for political ac of each organization.) Name of Organization: bmitted By: he of representative of group	City/State/Zip ction is affiliated with any other organizations, list the name and addr Address: 1-30-98 Date	
FILIATION: (If the committee for polincal ac of each organization.) Name of Organization: bmitted By:	City/State/Zip ction is affiliated with any other organizations, list the name and addr Address: 1-30-98 Date	

PHONE: (702) 687-3176 FAX: (702) 687-6913

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